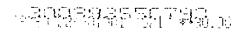
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(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: XTREME BARBE	ER SHOP & BEAUTY SALON, LLC of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.
Please return all correspondence concerning this (matter to the following:
Ernest	O Santana Ramirez
_ Xtreme	Barber Shop & Beauty Salon, LLC
<u>710 P</u>	ondella Rd Unit 8
	Fort Myers, FL 33903 City/State and Zip Code Cosantanar a Yahoo. es dress: (to be used for future annual report notification)
For further information concerning this matter, p	lease call:
Ernesto Santana R	Area Code Paytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Par II . Em D

2022 AUG 29 PH In L.

				7 11 41 44
(Name of the Limi	ited Liability Company (A Florida Limited Lia	as it now appears on bility Company)	our records.)	OF STATE
				*** * *
ne Articles of Organization for this Limited I	liability Company w	ere filed on $\underline{\mathcal{O} \mathcal{B}}$	- 29 - 202	2 and assigned
orida document number <u>L 19000094</u>	904			
nis amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name o	of the limited liabilit	ty company here:		
ne new name must be distinguishable and contain the	words "Limited Liability	Company," the design	ation "LLC" or the :	abbreviation "L.L.C."
nter new principal offices address, if appli	cable:			
Principal office address MUST BE A STREE	ET ADDRESS)			
nter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE	BOX)			
3. If amending the registered agent and/or		dress on our recor	ds, <u>enter the na</u>	me of the new regis
gent and/or the new registered office addre	ess here:			
	Δ1	- ()	T	_
Name of New Registered Agent:	Alejand	ro Chave	z lorres	<u> </u>
New Registered Office Address:	19600	5W 12 Enter Florida s	7th CT	
	Miami		Florida	33177
	TATIO !	Cuv	, 1 101144 _	33177 Zip Code
(ew Registered Agent's Signature, if changing	Registered Agent:			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	<u>Ernesto</u> Santana	1724 NE 23rd ST	🗆 Add
	Ramirez	Cape Coral, FL 33909	Kemove
		<u></u>	□Change
AMBR		19600 SW 127th CT	MAdd
	Torres	Miami FL 33177	□Remove
			□Change
			□Add
			□Remove
			□Change
- ·			□Add
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			□ Change

Nemov	ing Err	resto S	santan	19 17a	MILEZ	
Adding	new	AMBR	and	only	Member Member	
Alejar	dro CV	nave 7	Torre	25		
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ective date, if oth	er than the date	of filing:			(option	ıal)
reffective date is listed	I, the date must be sp ted in this block do	ecific and cannot nes not meet th	n be prior to da ie applicable	te of filing or me	re than 90 days after fr	iling.) Pursuant to 605.0. date will not be listed
anem s cricente a	me on me orpani					
cord specifies a del- s filed.	ayed effective date	, but not an ef	fective time.	at 12:01 a.m. c	n the earlier of: (b)	The 90th day after t
ed August	29,200	12.	·			
J		1.	1			
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	Signa	ture of a member	r or authorized	i representative	of a member	

Filing Fee: \$25.00